

## Central High School District of Westosha Homeless Dispute Resolution Form

This form should be completed when a dispute arises over school enrollment/placement, and should be returned to the Homeless Liaison at Central High School District of Westosha, 24617 75th St. P.O. Box 38, Salem WI 53168.

Student's Name:			
Person completing form: _			
	(Name)		(Relation to Student)
I may be contacted at:			
	(Address)	(Phone)	(E-mail)
I wish to dispute the follow	ing decision:		
	puting was wrong beca		nation in support of your positior
Persons who have informa	ation to support my posi	tion (include contact inf	ormation):
I request that the following	action be taken on this	dispute:	
(Parent/Guardian/Unaccompanied Youth's Signature)			(Date)

## For School Use

Date Dispute Resolution Form received by Homeless Liaison:			
In compliance with the McKinney-Ven- provided to:	to Homeless Assistance Act, the following written notification is		
Parent/Guardian	Unaccompanied Youth		
(Name)	(Name)		
After reviewing the information relevan	nt to your dispute my determination is as follows:		
Explanation for this determination:			
right to appeal. The appeal is to be file within seven (7) days of receipt of this	not satisfied with the determination on this dispute, you have the ed with the Central High School District of Westosha Superintendent decision. For information about an appeal you may contact the Homeless Children/Youth Coordinator at 608-267-7338 or		
(District Homeless Liaison)	(Date)		
This determination of the Homeless Li	aison was given to the parent/guardian/unaccompanied youth on:		
(Date)			